

Mediating role of patience in the relationship between alcohol abstinence self-efficacy and subjective well-being among civil servants

Li Sha¹, Li Tsingan¹, Zhang Zenghuan², Liu Xiaodong³

¹Beijing Normal University, Institute of Developmental Psychology, Beijing 100875 China

²Dianchi College of Yunnan University, Kunming 650000 China

³China Criminal Police College Institute, Shenyang, 110035 China

E-mail: tsingan@126.com

Abstract: This study aimed to explore the relationships among alcohol abstinence self-efficacy, patience and subjective well-being. A total of 726 civil servants in Yunan Province anonymously completed the Alcohol Abstinence Self-Efficacy Scale, the Buddhist Patience Questionnaire, the Satisfaction With Life Scale, and the Positive and Negative Affect Scale. The results were as follows: (1) Withdrawal and urges (WU), Physical and other concerns (PO), Negative affect (NA), Social/Positive (SP) of alcohol abstinence self-efficacy were positively correlated with, patience of not retaliating harm (PRH), patience of the willing endurance of suffering (PES), and the patience developed from the thorough scrutiny of phenomena (PSP). and subjective well-being; three dimensions of patience were also positively correlated with subjective well-being; (2) Three dimensions of patience completely mediated the relationship between WU and subjective well-being, as well as partially mediated the relationship between PO and subjective well-being. Thus, patience plays a mediating role between alcohol abstinence self-efficacy and subjective well-being.

[Li Sha, Li Tsingan, Zhang Zenghuan, Liu Xiaodong. **Mediating role of patience in the relationship between alcohol abstinence self-efficacy and subjective well-being among civil servants.** *Rep Opinion* 2016;8(12):26-40]. ISSN 1553-9873 (print); ISSN 2375-7205 (online). <http://www.sciencepub.net/report>. 6. doi:[10.7537/marsroj081216.06](https://doi.org/10.7537/marsroj081216.06).

Key words: Patience, Alcohol Abstinence Self-efficacy, Subjective Well-being, Buddhism

1. Introduction

Well-being is a unified whole of material and spiritual pleasure in mankind, as well as a perfect state of human existence and development. Well-being is not only the ultimate goal of all mankind since ancient times, but also a topic diligently discussed by various disciplines, having become the key project in different research areas such as Philosophy, Psychology, Economics, History and Religion. As one of the important research orientations in the Well-being field, subjective well-being (SWB) has become a focus in positive psychology since the 1950s. In contemporary China, the huge thirst for positions of civil servants has become a mainstream phenomenon. Although well paid and stable, repetitive work, which results in job burnout and heavy pressure, make civil servants' subjective well-being a hot issue. With regard to the structural model of subjective well-being, Diener proposed three components of subjective, including life satisfaction, positive affect and negative affect (Diener, 1984). Satisfaction with life stands for individual's overall evaluation and comprehensive judgment towards his quality of life. Positive and negative affect, which are independent of each other, refer to one's emotional experience towards life events. Recently, the research trend of subjective

well-being has transformed from effect of objective factors such as demographic characteristics, socioeconomic status, institution and policy, social circumstances, and physical health condition to subjective mental factors, including self-efficacy, personality traits, coping styles, life orientations and so on. As another important part of positive psychology, self-efficacy is the extent or strength of one's belief in one's own ability to complete tasks and reach goals (Ormrod, 2006). Previous studies indicated that individuals with higher self-efficacy experienced higher subjective well-being (Caprara, Steca, 2005; Carver, Scheier, 1999; McGregor, Little, 1998; Ryan, Deci, 2001). As a special form, abstinence self-efficacy refers to individual's confidence in quitting drinking. It was viewed as a critical component of relapse crisis, which can protect against in a relapse in high-risk situations and first use of substance (Marlatt & Gordon, 1985; Witkiewitz & Marlatt, 2004). For civil servants, engaging in social activities involuntarily is routine and in most cases, they will be expected to drink due to Chinese liquor culture. Therefore, exploring the relationship between alcohol abstinence self-efficacy with subjective well-being seems particularly necessary. Early studies mainly focused on exploring and classifying those

high-risk situations, or investigating influential factors of relapse instead of making effort to find out the relationship with other variables. Therefore, in this research, interdisciplinary research on selecting concepts from positive psychology to attend to problems in the abnormal psychology field makes sense.

Although the relationship between self-efficacy and subjective well-being has come to an agreement, researchers have not yet reached a consensus in terms of the internal impact mechanism. Previous studies have found that positive mental traits such as psychological resilience and optimism may have mediating effects between self-efficacy and subjective well-being. Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti, Becker, 2000) which positively correlated with subjective well-being (Liu Siman, Liu Keting, Li Tiantian, et al., 2015; Xie Yangxi, Fan Xiaoqing, 2014; Wang Xinqiang, Zhang Dajun, 2012). In addition, psychological resilience mediates the relationship between self-efficacy and life satisfaction, as well as self-efficacy and positive affect (Zhang Feng, Zhang Yongshui, Sun Houcai, 2016). Another relevant trait is optimism. It was found that optimism partially mediates the relationship of self-efficacy and perceived social support to well-being. Optimism was predicted by daily emotional support and self-efficacy (Karademas, 2006). Additionally, study showed that people who have dispositional optimism or optimistic explanatory style experienced higher subjective well-being than those with pessimistic tendencies (Wen Juanjuan, Zheng Xue, 2011). Obviously, psychological resilience and optimism are traits valued by western psychology.

There are not only significant differences of surface structure such as language, diet, painting, and music between Chinese and Western cultures, but also a huge difference of deep structure like values. In terms of the influential mechanism of self-efficacy on subjective well-being, western cultures highly respect mental traits like psychological resilience and optimism; however, what mental traits are enthroned in Chinese culture? Chinese traditional culture contains a great deal of psychological thinking and resource. Taking the interpretation of Confucianism, Taoism and Buddhism on well-being for example, Confucianism proposed that gentlemen have three pleasures, one was that parents and brothers are still alive, one was to be a man of conscience, and the other was to educate gifted students; Taoism's views on well-being can be interpreted by misfortune, that is where happiness depends; happiness, that is where misfortune underlies. That is to say there is no absolute happiness in the world, so we should keep a

desireless mind, while Buddhism held that only if we do every good deed and do not do evil will we get happiness. Thus, it is evident that there are countless ties between Buddha culture and psychology. For instance, three kind of responsibility (ethical discipline, a concept from Buddhism) were positively correlated to subjective well-being in a sample of 484 Iranian adolescents (Dehnavi, Li Tsingan, 2016). The most sophisticated theory of Buddhism—yogacara—put forward six perfections, namely, generosity, ethical discipline, patience, industriousness, meditative stabilization, and wisdom. Perfections refer to paths and methods from the miserable shore to the happy side. Therefore, it can be seen that six perfections are important influential factors of well-being. There among, as the first place of six perfections and Four Dharmas of Attraction, Generosity occupies a central position. It is the practice of accumulating merits, which emphasizes dedication. Accumulating merits is important, but it will be just one step short of success if merits are unsaved. Here, the importance of patience comes into being.

Patience, originated from patience paramita in Buddhism, was named Ksanti in Sanskrit. Paramita means going to the other shore, in other words, practising paramita can help sentient beings go to shore of Nirvana from side of misery (Lai Yonghai, 1990). It is suggested that patience is a necessary path of Buddhism practice. But what is Patience? In Buddhism, Patience means ensuring enmity and injury without retaliating harm; it is also ensuring that suffering does not result in being broken, as well as being able to ascertain the factors of existence (Ren Jiyu, 2002). The *Sandhinirmocana Sūtra* (Buddhist Yoga: A Comprehensive Course) has provided a more detailed explanation, which says that patience means “not getting upset when unfavourable things occur; not shouting back, getting angry or violent; not retaliating harm or humiliation; not holding a grudge; accepting an apology immediately when the other party asks for forgiveness; not being angered by admonition; not afflicting oneself on others; not asking for favours from others; not practicing forbearance when threatened or offered a favour; and always return favours given by others”. Chuang and Chen (2003) translated this perfection to inclusiveness and forbearance, and he assumed it a capacity to receive and bear insults and sufferings. The practice of forbearance requires a deep understanding of other people's perspectives and motives even though they inflict pain on one. Therefore, the ultimate aim of practicing patience paramita is to cultivate a spirit of self-sacrifice, to reach the realm of anatta by all action with compassion, to cope with adverse stimulus positively and optimistically and finally get a space in the complex interpersonal relationship network of the

universe. Actually, from the perspective of Buddhism, all worries of human originated from three kind of desires, Greed, Hatred and Ignorance. Greed is desire for outside things; Hatred refers to harbouring a grudge and cannot forgive others. Ignorance means one cannot clarify right and wrong. In order to enter the realm of Nirvana, Buddhists are suggested to develop the trait of no greed, no hatred, and no ignorance. No hatred is a kind of patience. In most Buddhism classic, patience is divided into three categories, that is patience of not retaliating harm (PRH), patience of the willing endurance of suffering (PES), and the patience developed from the thorough scrutiny of phenomena (PSP). (Pu Zhengxin, 2012; Hong Xue, 2012). PRH means that when vilified, reviled or blamed by others, one will not be annoyed or resentful, and will forgive them. PES refers to individuals' staying calm when facing natural calamities or inborn sufferings, no matter how painful your body is. PSP means that one can insist on studying Buddha dharma and thinking about the essence regardless of whatever obstacles are met in the process.

As the influential factors of subjective well-being, patience points to negative life events as with psychological resilience and optimism. The difference is that the former puts more emphasis on the coping process, and the latter tends to be an ability or a result of adaptation. According to the mediating role of psychological resilience and optimism in relations between self-efficacy and subjective well-being, we propose the hypothesis that patience has a mediating effect between abstinence self-efficacy and subjective well-being. Specifically, the current study involves two propositions: (1) alcohol abstinence self-efficacy was positively correlated with PRH, PES, PSP and subjective well-being; three dimensions of patience were also positively correlated with subjective well-being; (2) Three core dimensions of patience mediated the relationship between alcohol abstinence self-efficacy and subjective well-being.

To summarize, our research aims to investigate the relationship between abstinence self-efficacy and subjective well-being, and the mediating effect in this relationship. We expect to provide intervention and coping strategies with characteristics of Buddhism to promote people's abstinence self-efficacy and subjective well-being. Meanwhile, we try to wake people's understanding towards Chinese culture and build a bridge of empirical study for equal dialogue and communication between Chinese and western culture.

2. Materials and Methods

2.1 Participants

A total of 726 civil servants from every state of Yunnan Province took part in the study, and 662 valid questionnaires (320 males and 342 females) were collected. All participants aged 21-61 years (mean age 31.78, standard deviation 6.50). Participants of Han nationality were 446, while people of minority nationality were 216. For official positions, one participant was of department level, 13 were leading figures on a county level, 74 were assisting roles on a county level, 84 were leading figures on a section level, 76 were assisting roles on a section level, and the remaining 414 participants were general staff and clerks.

2.2 Instruments

2.2.1 Buddhist Patience Questionnaire (BPQ)

This questionnaire was designed by Deng Jianjun and Li Tsingan (2016). It is based on the concept of patience and comprised of 18 items. Three dimensions are included: PRH, PES, and PSP. Every dimension is composed of one story and six related items. This questionnaire adopted a 6-point Likert scale: extremely low, moderately low, slightly low, slightly high, moderately high, and extremely high. Every dimension is scored separately and a higher score indicates a better level of patience. Additionally, 9 items with reversed scoring were set to prevent social desirability. Researchers have used this instrument to collect data from 168 employees, and results showed that the internal consistency reliability of three dimensions are .798, .776, and .858, while the retest reliability are .716, .724, and .683 ($p < 0.001$) after 14 days. Indexes of confirmatory factor analysis were as follows: $\chi^2/df=2.655$, normed fit index(NFI)=.944, goodness-of-fit(GFI)=.964, Root Mean Square Error of Approximation(RMSEA)=.047 (Deng Jianjun, Li Tsingan, 2016). In the present study, Cronbach's alpha values of three dimensions are .79, .83, and .81. Results of confirmatory factor analysis showed that $\chi^2/df=2.999$, NFI=.925, GFI=.943, RMSEA=.055. Therefore, this instrument proves a valid and reliable measure for psychometric purposes.

2.2.2 Alcohol Abstinence Self-Efficacy Scale (AASE)

Participants completed this 20-item scale designed by DiClemente (1994) as translated into Chinese by Li Tsingan and Men Jinze. The Chinese version adopted a 6-point Likert scale. Four dimensions were included: Withdrawal and urges (WU), Social/Positive (SP), Physical and other concerns (PO), Negative affect (NA). The first factor measured one's confidence in overcoming craving for alcohol. The second factor measured one's confidence

in refusing alcohol when encouraged by others' drinking behaviour or under a positive affect state. The third factor measured one's confidence in refusing alcohol when suffering some physiological discomfort. The fourth factor measured one's confidence in refusing alcohol under intrapersonal and interpersonal negative affect state. Every dimension is scored separately and a higher score indicates a better level of alcohol abstinence self-efficacy. In the present study, Cronbach's alpha values of four dimensions are .72, .71, .73 and .76.

2.2.3 The Satisfaction with Life Scale (SWLS)

Participants completed the 5-item scale developed by Diener, Emmons, Larsen, and Griffin (1985) and translated into Chinese by Li Tsingan and Wei Xinhui. The Chinese version adopted a 6-point Likert scale. Every dimension is scored separately and a higher score indicates a better level of life satisfaction. In the present study, Cronbach's alpha value is .75.

1.2.4 The Positive and Negative Affect Scale (PANAS)

Participants completed the 20 mood-related items designed by Waston, Clark, and Tellegen (1988) and translated into Chinese by Li Tsingan and Wei Xinhui. The Chinese version adopted a 6-point Likert scale. Two dimensions were included: positive affect and negative affect. Every dimension is scored separately and a higher score indicates a better level of affect state. In the present study, Cronbach's alpha values of two dimensions are both .86.

2.3 Procedure

Experimenters of the present study were also civil servants in local states. They received professional training from the authors about instructions and the entire procedure of the test. Specifically, questionnaires were administered to subjects twice with an interval of at least 3 days. The first part consists of the AASE and the BPQ, while the second part consists of the SWLS and the PANAS. The two parts were matched by codes written by

participants (A code includes the surname of the participant's mother and the last four digits of his own ID number).

2.4 Software

17.0 Version of SPSS and AMOS were used to process data collected.

3. Results

3.1 Control of Common Method Bias

We controlled common method bias with the method of program controlling. Program controlling refers to controlling in research design or during measurement process, such as measuring predictive and criterion variable from different sources, separate measurement spatially, mentally or by time, ensuring the anonymity of participants, reducing guessing for items, balancing item order, improving items and so on (Zhou Hao, Long Lirong, 2004). Thus, we had a good control of common method bias as data of the present study was collected twice and the interval was over 3 days.

3.2 Correlation matrix

In order to elucidate structure in the well-being variables studied, researchers factored them by Principle Component Analysis with Varimax rotation. Based on the results of the scree test and on Kaiser's criterion, life satisfaction, and positive and negative affect grouped along a single dimension, which is subjective well-being (Romero et al, 2009). To summarize the subjective well-being, we computed aggregate SWB variable by standardizing the three scores within each time and subtracting the negative affect score from the sum of positive affect and life satisfaction scores (Sheldon, Elliot, 1999; Brunstein, 1993). Therefore, Table 1 contains the correlation of this aggregate variable—subjective well-being with other variables and also the correlation of every component of subjective well-being with other variables.

Table 1 Correlations between all variables

	1	2	3	4	5	6	7	8	9	10	11
1. WU	1										
2. PO	.674***	1									
3. NA	.737***	.522***	1								
4. SP	.556***	.493***	.470***	1							
5. PRH	.340***	.310***	.277***	.183**	1						
6. PES	.394***	.401***	.323***	.245**	.498***	1					
7. PSP	.406***	.472***	.298***	.217**	.403***	.592***	1				
8. Life satisfaction	.138***	.084*	.184***	.079*	.243***	.211***	.186***	1			
9. Positive affect	.330***	.244***	.363***	.061	.297***	.274***	.288***	.334***	1		
10. Negative affect	-.381**	-.443**	-.268**	-.30***	-.234**	-.374**	-.328**	-.103**	-.018	1	
11. SWB	.429***	.390***	.412***	.224**	.391***	.435***	.406***	.727***	.684**	-.567**	1
M	4.313	4.540	4.063	3.716	3.937	4.074	4.275	3.546	3.916	2.967	0
SD	1.031	1.014	1.113	1.026	.988	.952	1.040	.802	.756	.828	1.978

n=662, * $P < .05$, ** $P < .01$, *** $P < .001$

Firstly, Table 1 showed that four dimensions of alcohol abstinence self-efficacy were positively correlated with life satisfaction, correlation coefficients were .079-.184 ($p < .05$); Four dimensions of alcohol abstinence self-efficacy were positively correlated with positive affect, correlation coefficients were .061-.363; While four dimensions of alcohol abstinence self-efficacy were negatively correlated with negative affect, correlation coefficients were .268-.363 ($p < .001$); In terms of aggregate variable, all dimensions of alcohol abstinence self-efficacy were positively correlated with subjective well-being ($p < .001$). Of them, WU, PO and NA had stronger correlation with subject well-being, correlation coefficients were .429, .390 and .412; While SP had a weaker correlation with subject well-being for the correlation coefficient is only .224.

Secondly, Table 1 showed that dimensions of alcohol abstinence self-efficacy were all positively correlated with PES, PRH and PSP ($p < .001$); Of them, WU, PO, NA had stronger correlation with patience, correlation coefficients were .277-.472; While SP had a weaker correlation with patience for correlation coefficients were .183-.245.

Thirdly, Table 1 showed that PES, PRH and PSP were positively correlated with life satisfaction, correlation coefficients were .186-.243 ($p < .001$); PES, PRH and PSP were also positively correlated with positive affect, correlation coefficients were .274-.297 ($p < .001$); While PES, PRH and PSP were negatively correlated with negative affect, correlation coefficients were .234-.374 ($p < .001$); In terms of aggregate variable, PES, PRH and PSP were all positively correlated with subjective well-being, correlation coefficients were .391-.435 ($p < .001$).

3.3 Mediating effect

In order to obtain a global picture of the relationship between alcohol abstinence self-efficacy, patience, and subjective well-being, the variables were subjected to structural equation analysis as implemented in the AMOS v.17 software, with maximum likelihood as estimation procedure. The results of the structural analysis are shown in Figure 1.

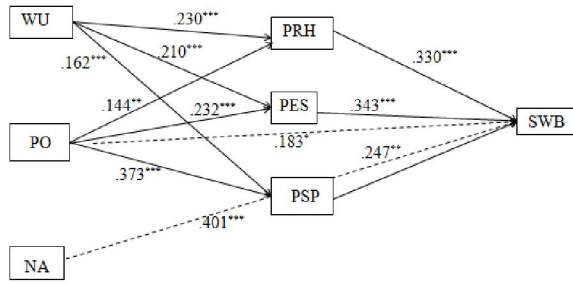


Figure 1. Structural model relating alcohol abstinence self-efficacy, patience, and subjective well-being are shown.

To simplify the figure, the correlation between the exogenous variables is not shown. Dashed lines represent direct paths from alcohol abstinence self-efficacy to subjective well-being, while solid lines represent indirect path between variables. The goodness-of-fit measures revealed the overall model to exhibit a good fit, according to the usually accepted thresholds. Thus, χ^2 (4.855, df=4), was not significant (p=.302), $\chi^2 / df = 1.214$, GFI=.998, AGFI=.985, RMSEA=.018.

Figure 1 shows that SP have not entered the final model. The significance and nature (partial mediating effect or fully mediating effect) of mediating effect cannot be decided simply by the model in Figure 1. So we used a versatile computational tool named Process to make further bootstrap tests for every path in the above model. Results are shown in Table 2.

Table 2. Indirect effect, SE, 95% confidence interval of Bootstrap test

Path	Indirect effect	SE	95% confidence interval	
			Upper Limit	Lower Limit
1. WU→ PRH→ SWB	.108	.031	.056	.172
2. PO→ PRH→ SWB	.112	.030	.057	.171
3. WU→ PES→ SWB	.132	.035	.065	.209
4. PO→ PES→ SWB	.147	.037	.077	.225
5. WU→ PSP→ SWB	.105	.037	.033	.184
6. PO→ PSP→ SWB	.116	.046	.026	.207

According to analytic procedure of mediating effect suggested by Zhao et al. (2010) and strategies for assessing indirect effect in multiple mediator models proposed by Preacher and Hayes (2008), we set 5000 samples and 95% bias-corrected bootstrap interval confidence. Table 2 indicates that indirect effects of all paths are positive and statistically different from zero, as evidenced by the confidence interval are entirely above zero. Generally, combining Figure 1 and Table 2, three dimensions of patience fully mediated between WU and SWB as well as partially mediated between PO and SWB.

Actually, an alternative model that included only indirect effects (Holmbeck, 1997) displayed a worse fit ($\chi^2=373.256$, $P<.001$; $\chi^2 / df=53.322$, GFI=.870, AGFI=.333, RMSEA=.28). This model restricts all direct effect between alcohol abstinence self-efficacy and SWB to zero, which implies a fully mediating effect between variables. The Chi-square test indicates a significant difference between final model and alternative model ($\chi^2=368.401$, $df=3$; $P<.001$), therefore, fit of final model proved to be

better.

4. Discussion

4.1 Relationship between alcohol abstinence self-efficacy and subjective well-being

The results exhibited that alcohol abstinence self-efficacy is a significant predictor of subjective well-being which is consistent with previous studies about self-efficacy on SWB (Caprara et al., 2006; Luszczynska, Scholz, Schwarzer, 2005; Lent, Singley, Sheu, et al, 2005;). However, the SP of alcohol abstinence self-efficacy could not predict SWB, and this demonstrated that external environment only had weak influence on SWB. External and objective factors (events, situations, demographic variables, etc.) have no decisive effect on SWB, and can only explain less than 20% of variance (Xiao Shaobei, Yuan Xiaolin, 2010; Wei Qing, Li Ying, Guo Yaning, 2009). Personal temperament characteristics, cognitive style, goal, cultural background, as well as adaptation and coping strategies all buffer the impact of environment

and life events on SWB (Wu Mingxia, 2000). In fact, this result is completely consistent with the research trend of SWB, which has been transferred from exploring the influence of objective factors to intrinsic mechanism. The other three dimensions of alcohol abstinence self-efficacy's positive prediction on SWB can be explained by locus of control theory proposed by Julian Bernard Rotter (1954). The theory holds that individuals with an internal locus of control believe that they can control the development of things and results, can take the initiative to solve the problem, quickly adapt to a new environment, to coordinate the state of mind and body, which helps to maintain and improve SWB. Previous studies also provide evidence that students with an internal locus of control tend to experience more school satisfaction than ones with an external locus of control (Huebner, Ash, Laughlin, 2001). Individuals with an external locus of control are often passive and pessimistic, have negative coping styles, and tend to adopt a strategy of escape and inaction to deal with problems, which is not conducive to adaptation, physical and mental health. So, in this respect, their SWB may be damaged. In summary, WU, PO, NA of alcohol abstinence self-efficacy are all activated by internal factors that reflect one's control for desires, physical pains, and emotion; therefore, the three dimensions contribute to enhancement of SWB.

4.2 Mediating effect of patience

The mediating effect test confirmed the hypothesis that patience does have a mediating role between alcohol abstinence self-efficacy and SWB. Specifically, three dimensions of patience fully mediated between WU and SWB as well as partially mediated between PO and SWB. On one hand, WU and PO of alcohol abstinence self-efficacy can positively predict patience. This means that if one has more confidence in constraining desires and overcoming physical discomfort and then refuses to drink, he will have higher level of patience. This result can be indirectly supported by western research. For example, self-efficacy expectancies were significantly correlated with pain tolerance times and were predictors of tolerance (Dolce, et al., 1986; Bandura, et al., 1987). Pain tolerance is absolutely one aspect of PES, which contains patience towards many types of external disasters. Besides, self-efficacy was positively correlated with perseverance of coping effort (Lin, Ward, 1996), and there are some similarities between perseverance of coping effort with PSP for the two concepts both focused on spirit of assiduous study. However, no previous research had investigated any relationship between self-efficacy and PRH, but it can be speculated that individuals with a high sense of self-efficacy have faith in their ability, values and life

meaning so that they will remain stable when facing blame and abuse. Above all, a person with a high sense of self-efficacy tends to have a high level of patience. As one special category of self-efficacy, alcohol self-efficacy should also be relevant to patience; if a civil servant believes that he can resist the temptation of adverse stimulation, then he has laid the groundwork for practising patience. Patience paramita is emphasized on anatta, which is a direct embodiment of emptiness in Buddhism. Emptiness is just the nature of Buddha, also named as Buddha, Nirvana, Bodhi; they refer to the real nature of all things in the world. A Buddhist with emptiness can understand Buddhist dharma, the right view, and the ultimate essence of the world (Wang Meng, 2004). The Sixth Patriarch Hui-Neng also advocated that Bodhi is fundamentally without any tree, the bright mirror is also not a stand; fundamentally there is not a single thing. Where could any dust be attracted? It means that the whole world is originally empty, and there is no so-called resistance to external temptation. Everything goes through heart without leaving a trace. Therefore, if one can refuse adverse stimulation such as alcohol and cigarettes, keeping oneself unaffected by the outside world, then one gains the necessary condition to practise patience. On the other hand, patience is an important predictor of subjective well-being. As previously stated, patience has some conceptual affinities with psychological resilience and optimism, thus, the present result is comparable with findings of previous studies (Mak, Ng, Wang, 2011; Scheier, Carver, 1992). The difference is that patience is more altruistic while psychological resilience and optimism are more egoistical. This is due to patience rooting in Buddhism, which advocates emptiness and spirit of self-sacrifice while the intention of individuals' promoting psychological resilience and optimism is to allow themselves to more easily overcome setbacks and gain happiness. Undoubtedly, subjective well-being promoted by altruistic patience paramita is more precious. On the indirect effect of patience, a possible explanation may be, first of all, expectations of personal efficacy determine whether coping behaviour will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences (Bandura, 1977). Therefore, we speculate that alcohol abstinence self-efficacy can predict one's alcohol abstinence behaviour, and the core of this behaviour is actually one's ability of self-control. Studies have shown that practicing self-control may increase both the endurance and power of self-control (Muraven, 2010). Besides, trait self-control was proven to be positively related to affective well-being and life satisfaction. In conclusion, patience does play a mediating role between alcohol abstinence and subject

well-being. Secondly, self-efficacy has a positive relationship with concepts named going into the world and leaving the world originated from Buddhism, which is similar to the detached attitude contained in patience, and this concept usually plays some mediating roles between self-efficacy and other variables (Zhang Jin, 2012). Moreover, as discussed previously, ignorance is one origin of people's worries, and alcohol abuse is undoubtedly a state of ignorance for alcoholics that do not know what their life meanings are or what they can do to acquire well-being. If an individual believes that he can get rid of the ignorance state, then he will get away from those worries and enhance his subjective well-being. Meanwhile, if individuals can refuse the temptation of alcohol, then he will further reject other adverse stimulus, keep peace of mind and stay free from interference, this is patience.

Therefore, this study suggests that civil servants should try to refuse excessive alcohol to improve alcohol abstinence self-efficacy. Meanwhile, they should also learn about patience. They should make effort to study the contents of PES, PRH and PSP, and act by the essence of patience in order to enhance their subjective well-being.

4.3 Theoretical and practical implications

Chinese Buddhism has raised concerns of Western academic areas for a long time. For example, British scholar Clough published 'A Compendious Pali Grammar: With a Vocabulary in the Same Language' in 1824, which was considered the gem of European Buddhism Research. However, in the past 100 years, domestic and overseas scholars seldom adopted an empirical method to study Chinese Buddhism, and there is no relative psychometric instrument. Therefore, the current empirical study proved that patience is influenced by alcohol abstinence self-efficacy and has positive meaning for subjective well-being enhancement. This result has important implications on bringing mental traits from Chinese Buddhism to the theoretical framework of

western psychology.

This study not only has great theoretical significance, but also has important practical value. It provides intervention and coping strategies with features of Buddhism culture.

4.4 Limitations and future directions

The limitations of the current study firstly lie in that this is a cross-sectional study design, which prevents causal inference between variables. However, this is a general research method for this type of study. That is to say, the causal relationship model in current research is only a theoretical model or statistical model that needs to be further tested by longitudinal research methods.

Secondly, measurements of each variable in the current study adopted the self-report method; this is not a unique method of this study. However, in self-report, participants may overvalue their level of patience due to the leniency effect, thus affecting the internal validity of the study. Therefore, future research can add other methods such as evaluation of others or the observation of the subjects, in order to comprehensively assess the level of patience.

Questionnaires used in the article were as follows

Alcohol Abstinence Self-efficacy (Interviewer version)

Dear friends:

This is a social survey. Please read the items below carefully, and then rate them according to your actual situation, mark relevant item with "o". Specifically, the rating involves six sequential levels, namely, "extremely low", "moderately low", "slightly low", "slightly high", "moderately high", and "extremely high". Remember that there is only one rating for each item.

This is an anonymous questionnaire, and the results will be kept strictly confidential.

	Items	Rating					
		Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
1	When I am in agony because of stopping or withdrawing from alcohol use, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
2	When I have a headache, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
3	When I am feeling depressed, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
4	When I am on vacation and want to relax, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
5	When I am concerned about someone, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
6	When I am very worried, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
7	When I have the urge to try just one drink to see what happens, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
8	When I am being offered a drink in a social situation, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
9	When I dream about taking a drink, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
10	When I want to test my willpower over drinking, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
11	When I am feeling a physical need or craving for alcohol, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
12	When I am physically tired, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
13	When I am experiencing some physical pain or injury, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
14	When I feel like blowing up because of frustration, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high

15	When I see others drinking at a bar or at a party, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
16	When I sense everything is going wrong for me, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
17	When people I used to drink with encourage me to drink, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
18	When I am feeling angry inside, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
19	When I experience an urge or impulse to take a drink that catches me unprepared, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
20	When I am excited or celebrating with others, my confidence in refusing drinking.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high

Scale source: DiClemente, C. C., Carbonari, J. P., Montgomery, R. P. G., & Hughes, S. O. (1994). The alcohol abstinence self-efficacy scale. *Journal of Studies on Alcohol and Drugs*, 55(2), 141-148.

Nov.:

The satisfaction with life scale (Interviewer version)

Dear friends:

This is a social survey. Please read the items below carefully, and then rate them according to your actual situation. Specifically, the rating involves six sequential levels, namely, "extremely low", "moderately low", "slightly low", "slightly high", "moderately high", and "extremely high".

According to your experience over the past month, select the rating which is most suitable to your

actual situation and mark relevant item with "o". Remember that there is only one rating for each item.

This is an anonymous questionnaire, and the results will be kept strictly confidential. Please circle "o" seriously.

Attention: Items below should be rated according to your experience **over the past month**.

Attention again: Items below should be rated according to your experience **over the past month**.

Attention again and again: Items below should be rated according to your experience **over the past month**.

	Items	rating					
		Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
1	In most ways my life is close to my ideal	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
2	The conditions of my life are excellent	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
3	I am satisfied with my life	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
4	So far I have gotten the important things that I want in life	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
5	If I could live my life over, I would change almost nothing.	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high

Scale source: Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71-75.

Nov:

The Positive and Negative Affect Scales (PANAS)

Dear friends:

This is a social survey. Please read the items below carefully, and then rate them according to your actual situation. Specifically, the rating involves six

sequential levels, namely, “extremely low”, “moderately low”, “slightly low”, “slightly high”, “moderately high”, and “extremely high”.

According to your experience over the past month, select the rating which is most suitable to your actual situation and mark relevant item with “o”. Remember that there is only one rating for each item.

This is an anonymous questionnaire, and the results will be kept strictly confidential. Please circle "o" seriously.

	Items	Rating					
1	Times I feel interested over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
2	Times I feel distressed over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
3	Times I feel excited over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
4	Times I feel upset over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
5	Times I feel strong over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
6	Times I feel guilty over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
7	Times I feel scared over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
8	Times I feel hostile over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
9	Times I feel enthusiastic over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
10	Times I feel proud over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
11	Times I feel irritable over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
12	Times I feel alert over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
13	Times I feel ashamed over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
14	Times I feel inspired over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
15	Times I feel nervous over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
16	Times I feel determined over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
17	Times I feel attentive over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
18	Times I feel jittery over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
19	Times I feel active over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high
20	Times I feel afraid over the past month	Extremely low	Moderately low	Slightly low	Slightly high	Moderately high	Extremely high

Scale source: Watson, D., Clark, L. A., Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 1988, 54, 1063-1070.

Acknowledgements:

Foundation item: Cross-Cultural Researches into Mediating role of Ksanti paramita in association between Personality and Psychological Well-being. (No.: FP03LTA). Authors are grateful to the Fuller Graduate Schools to carry out this work.

Corresponding Author:

Professor. Li Tsingan
Institute of Developmental Psychology
Beijing Normal University, Beijing 100875, China
Telephone: 18515979798
E-mail: tsingan@126.com

References

1. Diener E. Subjective well-being. *Psychology Bulletin* 1984;95(3):542-575.
2. Ormrod, J. E. *Educational Psychology: Developing Learners* (5th ed.), glossary. N.J., Merrill: Upper Saddle River, 2006.
3. Caprara GV, Steca P. Affective and social self-regulatory efficacy beliefs as determinants of positive thinking and happiness. *European Psychologist* 2005;10(4):275-286.
4. Carver CS, Scheier MF. Themes and issues in the self-regulation of behavior. *Advances in social cognition* 1999;12(1):1.
5. McGregor I, Little BR. Personal projects, happiness, and meaning: on doing well and being yourself. *Journal of Personality and Social Psychology* 1998;74(2):494.
6. Ryan RM, Deci EL. On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology* 2001;52(1):141-166.
7. Marlatt GA, Gordon JR. *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. Guilford Press, New York, USA, 1985.
8. Witkiewitz, K., & Marlatt, G. A. Relapse prevention for alcohol and drug problems: that was zen, this is tao. *American Psychologist* 2004;59(4):224-235.
9. Luthar SS, Cicchetti D, Becker B. The construct of resilience: A critical evaluation and guidelines for future work. *Child development* 2000;71(3):543-562.
10. Liu Siman, Liu Keting, Li Tiantian & Luli. The Impact of Mindfulness on Subjective Well-being of College Students: The Mediating Effects of Emotion Regulation and Resilience. *Journal of Psychological Science* 2015;38(4):889-895.
11. Xie Yangxi, Fang Xiaoqing. The influence of perceived stress, emotional intelligence and resilience on life satisfaction of college students. *China Journal of Health Psychology* 2014;22(5):697-699.
12. Wang Xinqiang, Zhang Dajun. The change of junior middle school students' life satisfaction and the prospective effect of resilience: A two year longitudinal study. *Psychological Development and Education* 2012;1:91-98.
13. Zhang Feng, Zhang Yongshui, Sun Houcai. The relationship between farmer-turned migrant workers' children's general self-efficacy and their subjective well-being: the mediating effect of resilience. *Chinese Journal of Special Education* 2016;2:63-68.
14. Karademas EC. Self-efficacy, social support and well-being: The mediating role of optimism. *Personality and Individual Differences* 2006;40(6):1281-1290.
15. Wen Juanjuan, Zheng Xue. Dispositional optimism, explanatory style and subjective well-being: a correlation research in college student. *Psychological Research* 2011;4(5):90-96.
16. Ehteram Dehnavi, Li Tsingan. Study on Interdependent and Independent Self-Construal and Three kind of responsibility with Subject Well-Being in Iranian Adolescents. *Report and Opinion* 2016;8(10):9-15.
17. Lai Yonghai. *Fo Dao Shi Chan: Zhongguo Fojiao Wenhua Lun (Buddhism and Taoism, Poems and Zen: A Study of the Buddhist Culture in China)*. China Youth Press, Beijing, China, 1990.
18. Ren Jiyu. *Dictionary of Buddhism*. Jiangsu Guji Press, Nanjing, China, 2002;724.
19. Chuang R, Chen GM. Buddhist perspectives and human communication. *Intercultural Communication Studies* 2003;12(4):65-80.
20. Pu Zhengxin. *Sūtra. on the Collection of the Six Perfections*. Bashu publishing house, Chengdu, China, 2012;171.

21. Hong Xue. *Definite Explanation of the View*. Bashu publishing hous, Chengdu, China, 2012:336-337.
22. Deng Jianjun, Li Tsingan. *Development and Validation of the Buddhist Patience Questionnaire*. 2016.
23. DiClemente CC, Carbonari JP, Montgomery RP, et al. The alcohol abstinence self-efficacy scale. *Journal of studies on alcohol* 1994;55(2):141-148.
24. Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. The satisfaction with life scale. *Journal of personality assessment* 1985;49(1):71-75.
25. Watson D, Clark LA, Tellegen, A. Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology* 1988;54(6):1063.
26. Zhou Hao, Long Lirong. Statistical remedies for common method bias. *Advances in Psychological Sciences* 2004;12(6):942-950.
27. Romero E, Villar P, Luengo MA, et al. Traits, personal strivings and well-being. *Journal of Research in Personality* 2009;43(4):535-546.
28. Sheldon, K. M., & Elliot, A. J. Goal striving, need satisfaction, and longitudinal well-being: the self-concordance model. *Journal of Personality and Social Psychology* 1999;76(3):482.
29. Brunstein, J. C. Personal goals and subjective well-being: A longitudinal study. *Journal of Personality and Social Psychology* 1993;65(5):1061.
30. Zhao, X., Lynch, J. G., & Chen, Q. Reconsidering Baron and Kenny: Myths and truths about mediation analysis. *Journal of consumer research* 2010;37(2):197-206.
31. Preacher, K. J., & Hayes, A. F. Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior research methods* 2008;40(3):879-891.
32. Holmbeck GN. Toward terminological, conceptual and statistical clarity in the study of mediators and moderators: Examples from the child-clinical and pediatric psychology literatures. *Journal of Consulting and Clinical Psychology* 1997;4:599-610.
33. Caprara GV, Steca P, Gerbino M, et al. Looking for adolescents' well-being: Self-efficacy beliefs as determinants of positive thinking and happiness. *Epidemiologia e psichiatria sociale* 2006;15(1):30-43.
34. Luszczynska A, Scholz U, Schwarzer R. The general self-efficacy scale: multicultural validation studies. *The Journal of Psychology* 2005;139(5):439-457.
35. Lent RW, Singley D, Sheu HB, et al. Social cognitive predictors of domain and life satisfaction: Exploring the theoretical precursors of subjective well-being. *Journal of Counseling Psychology* 2005;52(3):429.
36. Xiao Shaobei, Yuan Xiaolin. A review of research on subjective well being. *Journal of International Psychiatry* 2010;(2):118-122.
37. Wei Qing, Li Ying, Guo Yaning. A review of research on subjective well being and its development. *New West: Theoretical Version* 2009;(12):46-47.
38. Wu Mingxia. The theoretical development of subjective well being in the West in the 30 years. *Journal of Developments in Psychology* 2001;8(4):23-28.
39. Rotter, J. B. *Social learning and clinical psychology* 1954.
40. Huebner ES, Ash C, Laughlin JE. Life experiences, locus of control, and school satisfaction in adolescence. *Social Indicators Research* 2001;55(2):167-183.
41. Dolce JJ, Doleys DM, Raczynski JM et al. The role of self-efficacy expectancies in the prediction of pain tolerance 1986;27(2):261-272.
42. Bandura A, O'Leary A, Taylor CB, et al. Perceived self-efficacy and pain control: opioid and nonopioid mechanisms. *Journal of Personality and Social Psychology* 1987;53(3):563.
43. Lin CC, Ward SE. Perceived self-efficacy and outcome expectancies in coping with chronic low back pain. *Research in Nursing & Health* 1996;19(4):299-310.
44. Wang Meng. The contemporary dialogue between Buddhism and science. *Journal of Dialectics of Nature* 2004;26(2):19-24.
45. Mak WW, Ng IS, Wong CC. Resilience: enhancing well-being through the positive cognitive triad. *Journal of Counseling Psychology* 2011;58(4):610.
46. Scheier MF, Carver CS. Effects of optimism on psychological and physical well-being: Theoretical overview and empirical update. *Cognitive Therapy and Research* 1992;16(2):201-228.
47. Bandura A. Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review* 1977;84(2):191.
48. Muraven M. Building self-control strength: Practicing self-control leads to improved self control performance. *Journal of Experimental Social Psychology* 2010;46(2):465-468.

49. Zhang Jin, Yan Chunping, Zhang Gaiye. Mediating effect of going into the world and leaving the world between self-efficacy and coping style of high school students. Chinese Journal of School Health 2012;33(10):1189-1191.

12/21/2016